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|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | | | | | | | | | | |
| 1 | Unified Rate Review v5.3 | | | | | | | | | | | | | | | | | | | To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F. | | | | | | | | | |
| 2 | Company Legal Name: Aetna Health Inc. (a PA corp.) | | | | | | | | | | | | | | | | | | | State: KY | | | | | | | | | |
| 3 | HIOS Issuer ID: 34822 | | | | | | | | | | | | | | | | | | | Market: Small Group | | | | | | | | | |
| 4 | Effective Date of Rate Change(s): 1/1/2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Market Level Calculations (Same for all Plans) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Section I: Experience Period Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Experience Period: 1/1/2020 to 12/31/2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Allowed Claims | | | | | | | | | | | | | | | | | | | \$13,085.86 PMPM \$229.58 | | | | | | | | | |
| 15 | Reinsurance | | | | | | | | | | | | | | | | | | | \$0.00 \$0.00 | | | | | | | | | |
| 16 | Incurred Claims in Experience Period | | | | | | | | | | | | | | | | | | | \$9,290.11 \$162.98 | | | | | | | | | |
| 17 | Risk Adjustment | | | | | | | | | | | | | | | | | | | \$0.00 \$0.00 | | | | | | | | | |
| 18 | Experience Period Premium | | | | | | | | | | | | | | | | | | | \$38,605.04 \$677.28 | | | | | | | | | |
| 19 | Experience Period Member Months | | | | | | | | | | | | | | | | | | | 57 | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Section II: Projections | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Benefit Category | | | | | | | | | | | | | | | | | | | Experience Period Index Rate PMPM | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | Year 1 Trend | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | Cost | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | Utilization | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | Year 2 Trend | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | Cost | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | Utilization | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | Trended EHB Allowed Claims PMPM | | | | | | | | | |
| 31 | Inpatient Hospital | | | | | | | | | | | | | | | | | | | \$0.00 1.076 1.025 1.076 1.025 \$0.00 | | | | | | | | | |
| 32 | Outpatient Hospital | | | | | | | | | | | | | | | | | | | \$54.65 1.041 1.050 1.041 1.050 \$65.29 | | | | | | | | | |
| 33 | Professional | | | | | | | | | | | | | | | | | | | \$66.18 1.016 1.055 1.016 1.055 \$76.04 | | | | | | | | | |
| 34 | Other Medical | | | | | | | | | | | | | | | | | | | \$62.17 1.041 1.050 1.041 1.050 \$74.28 | | | | | | | | | |
| 35 | Capitation | | | | | | | | | | | | | | | | | | | \$0.58 1.000 1.000 1.000 1.000 \$0.58 | | | | | | | | | |
| 36 | Prescription Drug | | | | | | | | | | | | | | | | | | | \$57.17 1.065 1.031 1.065 1.031 \$68.93 | | | | | | | | | |
| 37 | Total | | | | | | | | | | | | | | | | | | | \$240.75 \$285.11 | | | | | | | | | |
| 38 | Morbidity Adjustment | | | | | | | | | | | | | | | | | | | 1.450 | | | | | | | | | |
| 39 | Demographic Shift | | | | | | | | | | | | | | | | | | | 1.011 | | | | | | | | | |
| 40 | Plan Design Changes | | | | | | | | | | | | | | | | | | | 0.964 | | | | | | | | | |
| 41 | Other | | | | | | | | | | | | | | | | | | | 1.190 | | | | | | | | | |
| 42 | Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022 | | | | | | | | | | | | | | | | | | | \$479.47 | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | Manual EHB Allowed Claims PMPM | | | | | | | | | | | | | | | | | | | \$1,078.06 | | | | | | | | | |
| 45 | Applied Credibility % | | | | | | | | | | | | | | | | | | | 0.00% | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Product-Plan Data Collection

Company Legal Name: Aetna Health Inc. (a PA corp.)
HIOS Issuer ID: 34822
Effective Date of Rate Change(s): 1/1/2022

State: KY
Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

| Field # | Section I: General Product and Plan Information | |
|---------|---|----------------|
| 1.1 | Product Name | POS |
| 1.2 | Product ID | 34822KY006 |
| 1.3 | Plan Name | Aetna Silver |
| 1.4 | Plan ID (Standard Component ID) | 34822KY0060007 |
| 1.5 | Metal | Silver |
| 1.6 | AV Metal Value | 0.683 |
| 1.7 | Plan Category | Renewable |
| 1.8 | Plan Type | POS |
| 1.9 | Exchange Plan? | No |
| 1.10 | Effective Date of Proposed Rates | 1/1/2022 |
| 1.11 | Cumulative Rate Change % (over 12 mos prior) | 11.50% |
| 1.12 | Product Rate Increase % | 11.50% |
| 1.13 | Submission Level Rate Increase % | 11.50% |

| Worksheet 1 Totals | Section II: Experience Period and Current Plan Level Information | |
|--------------------|--|----------------------|
| | 2.1 Plan ID (Standard Component ID) | Total 34822KY0060007 |
| \$13,086 | 2.2 Allowed Claims | \$13,632 |
| \$0 | 2.3 Reinsurance | \$0 |
| | 2.4 Member Cost Sharing | \$3,767 |
| \$9,290 | 2.5 Cost Sharing Reduction | \$0 |
| \$0 | 2.6 Incurred Claims | \$9,865 |
| \$38,605 | 2.7 Risk Adjustment Transfer Amount | -\$12,949 |
| 57 | 2.8 Premium | \$38,605 |
| | 2.9 Experience Period Member Months | 57 |
| | 2.10 Current Enrollment | 5 |
| | 2.11 Current Premium PMPM | \$1,006.52 |
| | 2.12 Loss Ratio | 38.45% |
| | Per Member Per Month | |
| | 2.13 Allowed Claims | \$239.17 |
| | 2.14 Reinsurance | \$0.00 |
| | 2.15 Member Cost Sharing | \$66.09 |
| | 2.16 Cost Sharing Reduction | \$0.00 |
| | 2.17 Incurred Claims | \$173.08 |
| | 2.18 Risk Adjustment Transfer Amount | -\$227.17 |
| | 2.19 Premium | \$677.38 |

| Section III: Plan Adjustment Factors | | |
|--|--------|----------------|
| 3.1 Plan ID (Standard Component ID) | | 34822KY0060007 |
| 3.2 Market Adjusted Index Rate | | \$1,081.58 |
| 3.3 AV and Cost Sharing Design of Plan | | 0.7893 |
| 3.4 Provider Network Adjustment | | 1.0000 |
| 3.5 Benefits in Addition to EHB | | 1.0000 |
| Administrative Costs | | |
| 3.6 Administrative Expense | | 6.12% |
| 3.7 Taxes and Fees | | 3.17% |
| 3.8 Profit & Risk Load | | 4.74% |
| 3.9 Catastrophic Adjustment | | 1.0000 |
| 3.10 Plan Adjusted Index Rate | | \$993.01 |
| 3.11 Age Calibration Factor | 0.6440 | 0.6440 |
| 3.12 Geographic Calibration Factor | 0.7765 | 0.7765 |
| 3.13 Tobacco Calibration Factor | 1.0000 | 1.0000 |
| 3.14 Calibrated Plan Adjusted Index Rate | | \$496.57 |

| Section IV: Projected Plan Level Information | | |
|--|------------|----------------|
| 4.1 Plan ID (Standard Component ID) | Total | 34822KY0060007 |
| 4.2 Allowed Claims | \$64,684 | \$64,684 |
| 4.3 Reinsurance | \$0 | \$0 |
| 4.4 Member Cost Sharing | \$13,631 | \$13,631 |
| 4.5 Cost Sharing Reduction | \$0 | \$0 |
| 4.6 Incurred Claims | \$51,053 | \$51,053 |
| 4.7 Risk Adjustment Transfer Amount | -\$167 | -\$167 |
| 4.8 Premium | \$59,576 | \$59,576 |
| 4.9 Projected Member Months | 60 | 60 |
| 4.10 Loss Ratio | 85.93% | 85.93% |
| Per Member Per Month | | |
| 4.11 Allowed Claims | \$1,078.06 | \$1,078.06 |
| 4.12 Reinsurance | \$0.00 | \$0.00 |
| 4.13 Member Cost Sharing | \$227.18 | \$227.18 |
| 4.14 Cost Sharing Reduction | \$0.00 | \$0.00 |
| 4.15 Incurred Claims | \$850.88 | \$850.88 |
| 4.16 Risk Adjustment Transfer Amount | -\$2.78 | -\$2.78 |
| 4.17 Premium | \$992.93 | \$992.93 |

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

| Rating Area | Rating Factor |
|---------------|---------------|
| Rating Area 3 | 1.1200 |
| Rating Area 5 | 1.1860 |
| Rating Area 6 | 1.3000 |
| Rating Area 7 | 1.4640 |
| Rating Area 8 | 1.3700 |

